761551N25A - SH-AD-32A (2/72)



COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

A Tradition of Service

DATE: February 8, 2007

OFFICE CORRESPONDENCE

FILE NO.

FROM: JOHNNY G. JURADO, COMMANDER
LEADERSHIP AND TRAINING DIVISION

TO: CARL H. DEELEY, CAPTAIN
LANCASTER STATION

SUBJECT: **EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS USE OF FORCE, OCTOBER 7, 2006, FO2182537**

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on October 7, 2006.

The Committee met on February 8, 2007 and consisted of me and Commanders Eric B. Smith (Leadership and Training Division), and Cecil W. Rhambo (FOR I). The Committee determined the use of force by [redacted] and Deputies [redacted] Shannon Knight, [redacted] and [redacted] was within Department policy.

Please advise the [redacted] and deputies of this finding.

JGJ:MOT:mt

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Incident Information

URN:	406-22309-1135-145
Date:	Saturday, October 7, 2006
Time:	2250 Hrs.
Location:	[redacted] Sierra View Ave., Lancaster
City or Station:	Lancaster
Bureau/Station/Facility:	FOR I/Lancaster Station
Admin. Investigation:	YES ☐ NO ☒

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	[redacted]

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
None				

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Work Ph.	Home Ph.

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
[redacted]	[redacted]	[redacted]	[redacted]	Sgt.	YES ☒ NO ☐	YES ☒ NO ☐
					YES ☐ NO ☐	YES ☐ NO ☐

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
[redacted]	Bullard	Steven	R.

Watch Commander

Emp. #	Last Name	First Name	Middle Name
[redacted]	Hindman	William	M.

Watch Commander's Signature: ______________________ Emp #: __________

Copy Provided to Employee by: ______________________ Emp #: __________

Supervisor Completing Form: Sgt. Clay Anderson (Print) Emp #: [redacted]

Unit Commanders Signature: ______________________ Emp #: __________ Date Signed: __________

PSTD Use Only

FO#

Original: Unit Commander
Copy: P.S.T.D.Headquarters, Employee

See Reverse

SH-R-438 Rev. 10/98

Supervisor's Report on Use of Force

URN: 406-22309-1135-145

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE APPLIED ***(Only One Code Per Block)***

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Type of Injury (Code)	Body Part (Code)
E#1	S#1	TT	NN	
E#2	S#1	TT	NN	
E#4	S#1	TT	NN	
E#1	S#1	CT	NN	
E#2	S#1	CT	FR	EL
E#3	S#1	CT	NN	
E#4	S#1	CT	NN	
S#1	E#1	RS	NN	
S#1	E#2	RS	NN	
S#1	E#3	RS	NN	
S#1	E#4	RS	NN	

See Front Side

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE INFORMATION

URN: 406-22309-1135-145

Involved Employee

E1

Employee #	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☒ Male ☐ Female	W	Lancaster Station	111A

Shift	Shift Type	Age	Height	Weight
☐ EM ☐ Day ☒ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	6' 03"	215 lbs.

Medical Exam/Treatment	If Admitted, Name of Hospital	Coroner Case #	Force
☐			Directed Force ☒ Significant Force ☐

E2

Employee #	Last Name	First Name	Middle Name
[redacted]	Knight	Shannon	

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☒ Male ☐ Female	W	Lancaster Station	113

Shift	Shift Type	Age	Height	Weight
☒ EM ☐ Day ☐ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	5' 07"	180 lbs.

Medical Exam/Treatment	If Admitted, Name of Hospital	Coroner Case#	Force
☐			Directed Force ☒ Significant Force ☐

E3

Employee #	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	[redacted]

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☐ Male ☒ Female	W	Lancaster Station	114

Shift	Shift Type	Age	Height	Weight
☒ EM ☐ Day ☐ PM	☐ Regular Shift ☒ OT Shift ☐ Off Duty	[redacted]	5' 05"	120 lbs.

Medical Exam/Treatment	If Admitted, Name of Hospital	Coroner Case#	Force
☐			Directed Force ☒ Significant Force ☐

E4

Employee #	Last Name	First Name	Middle Name
[redacted]	[redacted]	[redacted]	[redacted]

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☒ Male ☐ Female	A	Compton Station	

Shift	Shift Type	Age	Height	Weight
☐ EM ☐ Day ☒ PM	☒ Regular Shift ☐ OT Shift ☐ Off Duty	[redacted]	5' 08"	180 lbs.

Medical Exam/Treatment	If Admitted, Name of Hospital	Coroner Case#	Force
☐			Directed Force ☒ Significant Force ☐

E_

Employee #	Last Name	First Name	Middle Name

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☐ Male ☐ Female			

Shift	Shift Type	Age	Height	Weight
☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty			

Medical Exam/Treatment	If Admitted, Name of Hospital	Coroner Case#	Force
☐			Directed Force ☐ Significant Force ☐

E_

Employee #	Last Name	First Name	Middle Name

Sex	Race	Unit of Assignment	Work Assignment (Unit #, Module, etc.)
☐ Male ☐ Female			

Shift	Shift Type	Age	Height	Weight
☐ EM ☐ Day ☐ PM	☐ Regular Shift ☐ OT Shift ☐ Off Duty			

Medical Exam/Treatment	If Admitted, Name of Hospital	Coroner Case#	Force
☐			Directed Force ☐ Significant Force ☐

See Other Side

Supervisor's Report on Use of Force
SUSPECT INFORMATION

URN: 406-22309-1135-145

Suspect Information

S_

Last Name: Arellano	First Name: Joseph	Middle Name:
AKA Last Name:	First Name:	Middle Name:

Sex	Race	Street Address	City	State & Zip Code
☒ Male ☐ Female	H	[redacted]	[redacted]	[redacted]

Work Phone	Home Phone	Age	Height	D.O.B.	Weight	Armed?
[redacted]	[redacted]	22	5' 07"	06/29/84	230 lbs.	☐

Booking #: 9235808 Primary Charge: 148(A) PC Secondary Charge: Criminal History [redacted]

Hospital Admission? ☐ Rec'd Treatment At: Lancaster Community Hospital Coroner Case#: Mental History ☐

Under Influence: ☒ YES ☐ NO Substance: Alcohol

Photos of Suspect's Injuries ☒ YES ☐ NO

Suspect Interview

Date	Time		
10/08/06	1145 hrs.	Audiotape: ☒	Videotape: ☒

Suspect Information

S_

Last Name:	First Name:	Middle Name:
AKA Last Name:	First Name:	Middle Name:

Sex	Race	Street Address	City	State & Zip Code
☐ Male ☐ Female				

Work Phone	Home Phone	Age	Height	D.O.B.	Weight	Armed?
						☐

Booking #: Primary Charge: Secondary Charge: Criminal History ☐

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case#: Mental History ☐

Under Influence: ☐ YES ☐ NO Substance:

Photos of Suspect's Injuries ☐ YES ☐ NO

Suspect Interview

Date	Time		
		Audiotape: ☐	Videotape: ☐

Suspect Information

S_

Last Name:	First Name:	Middle Name:
AKA Last Name:	First Name:	Middle Name:

Sex	Race	Street Address	City	State & Zip Code
☐ Male ☐ Female				

Work Phone	Home Phone	Age	Height	D.O.B.	Weight	Armed?
						☐

Booking #: Primary Charge: Secondary Charge: Criminal History ☐

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case#: Mental History ☐

Under Influence: ☐ YES ☐ NO Substance:

Photos of Suspect's Injuries ☐ YES ☐ NO

Suspect Interview

Date	Time		
		Audiotape: ☐	Videotape: ☐